

## PART B - FEE(S) TRANSMITTAL

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34607 7590 01/10/2006

ANGELA FOSTER, PHD, ESQ.  
 2906 BIRCHWOOD COURT  
 NORTH BRUNSWICK, NJ 08902-3933

04/12/2006 NNGUYEN2 00000002 10692905

01 FC:2501 700.00 OP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Angela Foster	(Depositor's name)
Angel Foster	(Signature)
4-10-06	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/692,905	10/25/2003	Kunapuli T. Madhusudhan	UAMS-102-236	8704

TITLE OF INVENTION: MOLECULAR DIAGNOSIS OF ATYPICAL MYCOBACTERIAL INFECTIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/10/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
BERTAGNA, ANGELA MARIE	1637	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Angela Foster, Ph.D., Esq.

2. \_\_\_\_\_  
3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Board of Trustees of  
 the University of Arkansas

2404 North University Avenue  
 Little Rock, Arkansas 72207

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
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4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  
 NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**Express No.: ED 162 480 208 US**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: Madhusudhan, Kunapuli T.

Serial No.: 10/692,905

Art Unit: 1637

Filed: October 25, 2003

Examiner: Angela Bertagna

For: Molecular Diagnosis of Atypical  
Mycobacterial Infections

Atty Docket No.: UAMS-102-236

**FEE SHEET**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Please find enclosed a credit card payment for payment of the fees associated with response to the Notice of Allowance and Fee(s). Specifically, since Applicant is of small entity status, the fees regarding the above identified application are \$1,000.00.

Date: April 10, 2006

Respectfully submitted,

  
Angela Foster 48,494  
(Reg No.)

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